



International Student Office

www.tbiiil.edu or www.flamericanvisa.com

Email: international.admission@tbiiil.edu

318 W. Adams, Suite 500, Chicago, IL 60606

Phone: 312-658-5100 Fax: 312-658-0866

International Student Transfer Application

(Complete both side and submit the form to International Student Advisor)

Ranjay Kumar,
International Student Advisor,
Taylor Business Institute,
318 W Adams, Suite 500,
Chicago IL 60606
Phone (312) 658 5100
Fax (312) 658 0866

For Admission beginning:

Program of Study

Personal Information

Print your name (as it appears in your passport) Mr. Ms. _____
(Circle One) Last Name/Family Name First Name

Date of Birth _____ Country of Birth _____ Country of Citizenship _____
Month/Date/Year

Email _____ Telephone Number _____ Cell Phone _____

Present Address (where you are living right now):

_____ Number & Street City State/Province Country Zip Code

Address in Home Country _____

In the United States we have a law called the **Right to Privacy Act**. This means we are unable to discuss your application or acceptance status with anyone else but you. If you wish to have a person here in United States to act on your behalf, please complete the section below:

Name _____ Telephone Number _____
Last Name First Name

Address _____
Number & Street City State/Province Country Zip Code

Relationship to you _____ Student's Signature _____

If you are accepted to Taylor Business Institute, do you want your letter of acceptance and I-20 to be sent to the above name and address or do you wish collect it personally?
 Yes No

If wish to collect it personally then inform us about the time and date _____



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International Student Personal Information Form

(Complete both side and submit the form to International Student Advisor prior to Orientation)

Personal Information

Mr Ms. Student Name _____
Family Name First Name M.I.

SEVIS ID Number _____ Student ID Number _____ (or) Social Security Number _____

U.S. Residential Address _____
Number & Street City State/Province Country Zip Code

U.S. Phone Number () _____ Cell Phone Number () _____

Email Address _____ FAX _____

Academic Information

Major _____ First Quarter at TBI _____
Month/Date/Year

International Information

Home Country Address _____
Number & Street City State/Province Country Zip Code

Home Country Phone Number _____ Country of Permanent Residence _____

Country of Citizenship _____ Date of Birth _____
Month/Date/Year

Country of Birth _____ City of Birth _____

Immigration Information

Passport Number _____ Passport Issued by _____ Passport Expiration Date _____
Month/Date/Year

Visa Type F1 Other _____ Where was Visa issued _____ Visa Control Number _____

Visa Start Date _____ Visa Expiration Date _____

Date of first Arrival in U.S. _____ Date of Last Arrival in U.S. _____
Month/Date/Year Month/Date/Year

Most Recent Port Entry _____ Date of Arrival at TBI _____
Name of City Month/Date/Year

I-94 Admission Number _____ Expiration Date _____
Month/Date/Year

Emergency Contact _ In the U. S.

Name _____ Relationship _____

Address _____
Number & Street City State/Province Country Zip Code

Home Phone Number () _____ Cell Phone Number () _____

Work Phone Number () _____ Email _____

Emergency Contact – Outside of the U.S.

Name _____ Relationship _____

Address _____
Number & Street City State/Province Country Zip Code

Home Phone Number () _____ Cell Phone Number () _____

Work Phone Number () _____ Email _____

Marital/Dependent Information

Marital Status Single Married Spouse/Dependents in U.S.? Yes No

Source of Funding

Who is paying your expenses? _____

How much are they paying per year? \$ _____

I state that the information I am providing on this form is true. I further understand that it is a violation of U.S. law to give false information to the college.

Student Signature

Month/Date/Year



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F-1 Student Transfer Recommendation Form

If you are transferring from a school in the United States, you must complete the transfer process by having this Transfer Recommendation Form completed. If this Form is not returned, we cannot complete your transfer.

To Be Completed By Student:

Student Name _____ SEVIS ID Number _____
Family Name First Name

Address _____
Number & Street City State/Province Country Zip Code

Email Address _____ Home Phone _____ Cell Phone _____

Student Signature _____ Date _____
Month/Date/Year

To Be Completed By Foreign Student Advisor (DSO):

Enrolled in ACADEMIC ESL STUDIES Dates of Attendance From _____ to _____

Select One FULL TIME PART TIME If part-time, please explain _____

If student is in ESL studies, how many levels of ESL do you offer? _____ What is the student's current Level _____

The student is in good standing and maintains his/her F-1 status Yes No

If No, Please explain _____

Official SEVIS record release date _____

Name of Institution in SEVIS _____ School INS Number _____

Address _____
Number & Street City State/Province Country Zip Code

Foreign Student Advisor's Name and Title _____

Telephone Number _____ Email Address _____

Foreign Student Advisor's Signature _____ Date _____
Month/Date/Year



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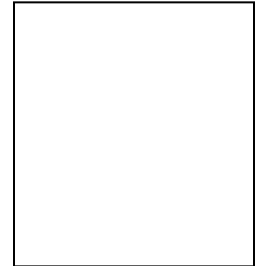
Overseas International Student Transfer Application

(Complete both side and submit the form to International Student Advisor)

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 Yes No

If wish to collect it personally then inform us about the time and date _____

Education Background

List all high schools and colleges attended

| Dates of attendance From To | Name of School | Location | Certificates/Diplomas |
|---|----------------|----------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Official Transcripts must be mailed directly from the institutions you have listed

English Competency Status

- TOEFL exam taken on: _____ TOEFL score: _____ Will be taken on: _____ **OR**
- If you are or have attended a high school/college/university in your country and your education were taught in English only for the last four years submit a letter from the headmaster or registrar of your school. **OR**
- If your native language in English
- TOEFL request is waived if applying for the (ESL) English as a Second Language Program.

Academic Information

What will be your Program of Study at Pasadena City College? (See enclosed information sheet) _____

Financial Information

(Report the funds in terms of US Dollars)

| | First Year |
|--------------------------------|------------|
| Student's personal funds | _____ |
| Funding from other source..... | _____ |
| Total: | _____ |

Name and address of sponsor (a parent or other individuals for your education and living expenses)

Please PRINT

Name _____ Telephone _____
Last Name First Name

Address _____ Email _____

Relationship to you _____

Please submit a separate bank letter (report funds in US dollars) and International Student Sponsor Affidavit Form along with your application.

I certify that all information on this application is correct and I understand that any falsification or withholding of information in completing this application shall constitute grounds for dismissal.

Signature of Student _____ Date _____
Month/Day/Year

Education Background

List all high schools and colleges attended

| Dates of attendance From To | Name of School | Location | Certificates/Diplomas |
|---|----------------|----------|-----------------------|
| | | | |
| | | | |
| | | | |

Official Transcripts must be mailed directly from the institutions you have listed

Current Academic Information

Are you attending a school in the U.S. now? Yes No

Name of school in SEVIS _____ Address _____

Telephone Number _____ FAX Number _____

School SEVIS code _____ Your SEVIS ID:N000 _____

English Competency Status

- TOEFL exam if taken on _____ TOEFL score _____ will be taken on _____ **OR**
- TOEFL requirement is waived if you or have attended a high school/college/university in your country and your education were taught in English only for the last four years. You must submit letter from headmaster or registrar of your school to prove it. **OR**
- TOEFL request is waived if applying for the (ESL) English as a Second Language Program.

Financial Information

(Report the funds in terms of US Dollars)

| | First Year |
|--------------------------------|------------|
| Student's personal funds | _____ |
| Funding from other source..... | _____ |
| Total: | _____ |

